



Washington State Legislature

September 26, 2007

Secretary Mary Selecky
Washington State Department of Health
Post Office Box 47890
Olympia, Washington 98504-7890

Dear Secretary Selecky,

We are writing to you because of our concerns with the report issued on September 7 to the Department of Health by Health Management Associates (HMA). SHB 2304 specifically directed the Department to "contract for an independent evidence-based review of the circumstances under which elective percutaneous coronary interventions should be allowed in Washington in hospitals that do not otherwise provide on-site cardiac surgery."

We request that the September 7 report be noted as a "draft" and that it be reissued in a format consistent with the legislative intent. The sole purpose of asking for an evidence-based review was to obtain data driven recommendations on key components necessary for rule-writing. While we have no problems or concerns with the literature and available evidence cited in the report, what was delivered by HMA went well beyond the Legislature's intent and request: HMA's report included the consultants' personal conclusions which were based more on misinformed opinion than data. In addition, HMA's report indicated both arrogance and bias with the first recommendation that stated: "Elective PCI should not be performed in hospitals without on-site surgery." Their rationale for this recommendation was that no Level A studies have yet to be completed on PCI in non-surgical settings.

The consultants did not appear to understand that the question before them was not whether hospitals without on-site cardiac surgery should be allowed to perform elective PCI's—the Legislature has already decided this question—but what would be the appropriate standards. While the report did list certain standards, many of their recommendations were based on opinion and not consistent with the data, again demonstrating the bias of the authors.

As you know, in 2006 legislation was introduced that would have allowed some Washington hospitals to participate in a study known as the Johns Hopkins C-Port II study. When completed, this study will provide Level A evidence. However, there were many objections about this approach, so we changed direction in 2007. Of further interest is the fact that the minimum annual volumes for participation in the C-Port II study are 200, while the consultants are recommending between 300-400.

We believe the C-Port II study volumes are correct and are truly based on all available current evidence, rather than opinion.

The HMA report was written by internists, not cardiologists. During the meeting on September 12 we learned that the consultants did not review any Washington specific data on the current status of cardiac services. In fact, we are uncertain whether they even realized that since 1992 any hospital in Washington can perform emergency PCIs. We also learned that they had called some Washington hospitals, and based on those conversations decided that there was no need for additional access to elective PCI's anywhere in the state. We found this to be both extraordinary, and a strong indication of the consultants' inability to

develop evidence based recommendations. Clearly, this "opinion" was not only beyond the scope of their work, but was not based on any objective facts.

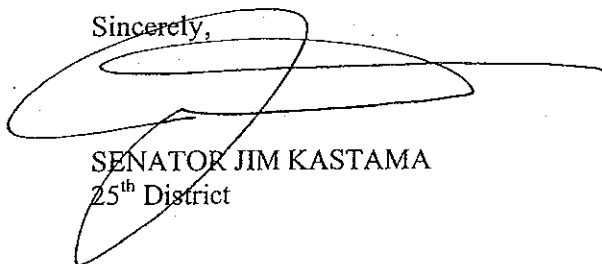
In another extraordinary recommendation (#18), the authors said that "The State of Washington should formally consider designating selected regional hospitals with on-site cardiac surgery as primary PCI 'centers of excellence' (similar to centralized Level I Trauma Centers) to which patients with Acute Myocardial Infarction and Acute Coronary Syndromes would be directly transported bypassing other hospitals." What makes this recommendation extraordinary is that it demonstrates a lack of understanding of cardiac services in general. Time is critical for cardiac patients and this recommendation ignores that factor. We have heard from many hospitals and EMS providers over the past week that this recommendation would have a detrimental impact on the delivery and response time for all EMS services as ambulances would be "out of area" for an increasing amount of time bypassing local hospitals and transferring patients to select centers. EMS would therefore be unable to respond to the next local emergency. This is one more indication that the authors of this study did not have the appropriate understanding of Washington's delivery system, medical background or context to be writing this report.

At this juncture, we deeply are concerned that the Department will develop rules based on the study's faulty recommendations. To do so would render SHB 2304 meaningless. By contrast, we believe the rules should be written based on evidence-based data. And since there is no Level A data, and this fact was known to the Legislature when it passed SHB 2304, we believe that the recommendations in the report should reflect Level B data, which is plentiful. Instead, the report was based on opinion and Level C data.

The reality is that Washington state is at risk of being a second rate state for the delivery of cardiac services. There are only 13 states that do not allow hospitals to perform elective PCIs or that are engaged in some type of demonstration project. Six of those 13 states are in the process of reviewing their rules. Washington State, which was a bellwether state in the early 1990s in allowing emergency PCIs to be performed in any hospital, has now become an outlier. The data that is continually collected and reviewed on Washington provider experience with emergency PCI shows excellent results. HMA did not review this information. We will remain behind the curve, to the direct detriment of state residents, unless true evidence-based rules are developed to implement SHB 2304.

In summary, we are asking that the report be revised to remove opinions, and to truly reflect evidence-based data. We also ask that the Department's draft rules be based on evidence-based data, and not opinion.

Sincerely,



SENATOR JIM KASTAMA
25th District



REPRESENTATIVE DAWN MORRELL
25th District

cc: Governor Christine Gregoire
Marty Brown, Governor's Office
Jonathan Seib, OFM
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